

STATE OF UTAH GOPB BUDGET IMPACT FORM

1) Grant Title:																
2) Federal Catalog Number:			3) State Application Identifier (SAI#):				Official Use Only:									
4) Federal Funding Agency:					5) Grant Type (circle): New Reapplication Revision											
6) Description and Purpose of Federal Grant:																
7) Was this grant submitted in your agency's budget proposal through the annual Federal Funds Request Summary Report? Yes No																
8) Total Funding Sources																
(PLEASE PROVIDE EXPLANATION OF ALL MATCHES IN THE COMMENTS SECTION)																
		Other Matching Funds from Non-State Entities		MATCHING STATE DOLLARS												
State Fiscal Year	Annual Federal Award			General Fund	Dedicated Credits	Restricted Funds	Other (Write In) _____	In-Kind (describe in #15)	Maintenance of Effort	Total Funds						
FY 2007 Actual																
FY 2008 Authorized																
FY 2008 Supplemental																
FY 2009 Requested																
9) Percent of grant monies passed through to local governments/private entities:										10) Identify pass through recipient(s):						
11) Will additional state monies be required to continue this program if this grant expires or is reduced? Yes No (if "Yes" explain in comments section or on a separate sheet)																
12) Additional FTEs the grant requires:			13) Are these permanent FTEs? Yes No (if "Yes" explain in comments section or on a separate sheet)													
14) What federal requirements must the state meet as a condition of receiving monies and what impact will these requirements have on policy? (use separate sheet if needed)																
15) Comments:																
16) Address of federal agency application sent to:					17) Your Contact Information: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">a) Department:</td> <td style="width: 50%; border-bottom: 1px solid black;">d) Contact:</td> </tr> <tr> <td style="border-bottom: 1px solid black;">b) Line Item / Division:</td> <td style="border-bottom: 1px solid black;">e) Phone #:</td> </tr> <tr> <td style="border-bottom: 1px solid black;">c) Program:</td> <td style="border-bottom: 1px solid black;">f) Date:</td> </tr> </table>						a) Department:	d) Contact:	b) Line Item / Division:	e) Phone #:	c) Program:	f) Date:
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